

INFORMED CONSENT DISCUSSION FOR GINGIVAL (GUM) GRAFTS

Patient name: _____ Date: _____

Proposed Treatment: _____

Facts for Consideration:

Patient's initials

_____ I have been informed that I have mucogingival (gum) problems around some of my teeth. This may mean I have insufficient gum tissue or a muscle attachment that could potentially progress and cause the premature loss of teeth. I understand that further recession of the gum or localized infection is possible. I also understand that it is important to have sufficient width of attached gingiva (gum). I have been advised and understand that gingival graft surgery can help these problems.

_____ It has been explained to me that this is a surgical procedure involving the removal of a thin strip of tissue (graft) from somewhere in my mouth (usually the hard palate) or from commercial human, animal, or synthetic sources, and it is transplanted near the area of gum defect. The graft can be placed at the base of the remaining gum or it can be placed to partially cover the tooth root surface exposed by the recession. If the latter is attempted, I understand that the gum placed over the root may shrink back during healing and that the attempt to cover the exposed root surface may not be completely successful.

_____ After the surgical area is anesthetized (numbed,) the gums are reflected (incised) to expose the teeth. The roots of the teeth are then cleaned and smoothed, and antibiotics and/or other chemicals may be applied to the roots to decontaminate them before the graft material is placed in the area(s).

Benefits of Gingival Grafting, Not Limited to the Following:

_____ Gingival grafting may help in restoring an amount of attached gum tissue adequate to reduce the likelihood of further gum recession. Sometimes, this procedure can also attempt to cover exposed root surfaces and enhance the appearance of the teeth and/or gumline. It can also be recommended for treating and/or minimizing root sensitivity or decay.

Risks of Gingival Grafting, Not Limited to the Following:

_____ I understand that there may be post-operative bleeding, swelling, pain, infection, facial discoloration, temporary or, on occasion, permanent tooth sensitivity to hot, cold, sweet, or other liquids/foods. A temporary or permanent numbing of the surgical area may occur affecting my teeth, lips, skin, chin and tongue which can possibly affect my sense of taste. I understand that I may see changes in the appearance of my gums. They may be in a different position on the roots or there may be spaces between the teeth that are larger. I also understand that there may be a need for a additional procedures if the initial surgery is not entirely successful.

_____ I understand that a small number of patients do not respond successfully to gingival grafting. If a transplant is placed to partially cover the tooth root surface exposed by recession, the gum graft placed over the root may shrink back during healing. In such a case, the attempt to cover the exposed root surface may not be completely successful resulting in more recession or increased spacing between the teeth. The graft may also appear different in color and thickness from the adjacent soft tissue.

_____ I understand that all medications have the potential for side effects, unintended reactions, and drug interactions. Therefore, it is critical that I tell Dr. Temlock of all medications I am currently taking. If there have been any changes in my medications or medical history, I understand that I must tell Dr. Temlock directly and immediately.

_____ I understand that I will receive a local anesthetic by injection and/or other medication(s). In rare instances, patients have a reaction to the anesthetic, which may require emergency medical attention or find that it reduces their ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury occurs resulting in loss of feeling of the teeth, chin, skin, lips, gums, or tongue. Additionally, partial loss of taste can result from an injection.

_____ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore, and it may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify Dr. Temlock if this or other jaw function concerns arise.

_____ I understand that smoking, using tobacco products, and alcohol intake affect my ability to have normal gum and/or bone healing and may limit the potential for a successful outcome of my surgery. I agree to follow Dr. Temlock's instructions related to daily care of my mouth, teeth and gums.

Alternatives to Suggested Treatment:

_____ I understand that alternatives to gingival grafting may include: (1) no treatment with the expectation of inflammation resulting in the advancement or progression of recession. This is commonly associated with increased sensitivity of the teeth to temperature extremes and other irritants, increased risk of decay in root surfaces exposed by the recession, decreased esthetics, and possibly the premature loss of teeth; (2) non-surgical scraping of tooth roots and lining of the gum (root planing and curettage) with the expectation that this will result in only a partial and temporary reduction in inflammation and infection, will not stop the recession, will require more frequent professional care, and may result in the worsening of my condition and the premature loss of teeth; (3) attempt to prevent root cavities or insulate teeth to control sensitivity by placing fillings in/on root surfaces with the expectation of further recession as a result of this procedure; (4) extraction of teeth involved (which may then need replacement).

_____ I discussed alternative treatments including, but not limited to, those listed above with Dr. Temlock.

Check only one of the boxes below that applies to you:

- I have been given the opportunity to ask questions, and I give my consent for the proposed treatment as described above. I understand that no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve my periodontal condition(s).

- I refuse to give my consent for the proposed treatment as described above and understand the potential consequences associated with this refusal.

Patient's or Patient's Representative's Signature

Date

I attest that I have discussed the risks, benefits, consequences, treatment options, and alternatives regarding gingival grafting with my patient. My patient had the opportunity to discuss these topics and ask questions, and I believe my patient understands what has been explained.
